



PUBLIC WATER SUPPLY APPLICATION FOR WATER TREATMENT PLANT AND WATER DISTRIBUTION SYSTEM OPERATOR CERTIFICATION

State Form 12094 (R4 / 1-00)
Approved by State Board of Accounts 1999
327 IAC 8-12-1 Edition 1996
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
DRINKING WATER BRANCH

NOTE: A \$30.00 fee must be submitted with each application for certification. Applications must be signed by the individual, and his / her supervisor. Failure to file a properly completed application may result in the application being disapproved. **(APPLICATION FEE IS NONREFUNDABLE)**

This is an application for Grade: *(check one - One application per Grade checked)*

Water Distribution System Operator ☐ DS ☐ DSL

Water Treatment Plant Operator ☐ CT ☐ PF ☐ GF ☐ AT

☐ By examination ☐ By reciprocity

FOR OFFICE USE

WS number

Receipt number

Approved

Denied

PWS ID #

☐ Northwest ☐ Central ☐ Southeast
☐ Northeast ☐ Southwest

I. GENERAL INFORMATION *(please type or print legibly)*

A. Name of applicant *(last, first, middle)*

☐ Mr. ☐ Mrs. ☐ Ms.

B. Mailing address *(number and street, city, county, state and ZIP code)*

Office telephone number

()

Home telephone number

()

C. Have you ever applied for Water Works certification in Indiana before?

☐ Yes ☐ No If **yes**, date *(dd/mm/yy)* / /

D. Are you presently a certified operator in Indiana?

☐ Yes ☐ No If **yes**, give certification number and classification

E. Are you presently a certified operator in another state?

☐ Yes ☐ No If **yes**, give certification number and classification *(attach copy of certificate)*

F. Have you ever had a certification suspended or revoked?

☐ Yes ☐ No

G. Social Security number*

* Your Security number is being requested by this state agency in order to expedite processing of your application. Disclosure is voluntary and you will not be penalized for refusal.

II. EDUCATION AND TRAINING *(applicants must have high school diploma or GED)*

A. Check the highest grade completed: Grade school ☐1☐2☐3☐4☐5☐6☐7☐8 High school ☐9☐10☐11☐12 College ☐1☐2☐3☐4☐5☐6 ☐More than 6

B. High school graduate?

☐ Yes ☐ No ☐ GED

Date of graduation:

Name and location of school: *(Proof of education must be submitted when used as substitution for experience)*

C. College graduate?

☐ Yes ☐ No

Degree

Major

Date granted:

Name and location of college:

D. Training course, short courses or other courses in water field attended:

1. Name of course:

Name of school

Dates:

College units or class hours:

2. Name of course:

Name of school

Dates:

College units or class hours:

3. Name of course:

Name of school

Dates:

College units or class hours:

4. Name of course:

Name of school

Dates:

College units or class hours:

III. EXPERIENCE HISTORY

List your current assignment first. Show all experience in the Drinking Water field. Positions of responsible charge should be listed separately. Show any related experience you feel is applicable.

DATE (Month and Year)		POSITION TITLE AND JOB DUTIES	NAME ADDRESS OF PREVIOUS EMPLOYER
FROM:	TO:		
		Position title	Name of previous employer
		Specific duties (Duties you perform in day to day operation, listing the various duties individually and specifically. List additional experience on supplemental sheets)	Street address
			City, state, ZIP code
		Position title	Name of previous employer
		Specific duties (Duties you perform in day to day operation, listing the various duties individually and specifically. List additional experience on supplemental sheets)	Street address
			City, state, ZIP code
		Position title	Name of previous employer
		Specific duties (Duties you perform in day to day operation, listing the various duties individually and specifically. List additional experience on supplemental sheets)	Street address
			City, state, ZIP code

TO COMPLETED BY APPLICANT'S SUPERVISOR

I hereby certify the information contained in this section of this application is true and correct to the best of my knowledge.

I have supervised this individual for _____ years.

Signature of Supervisor		Certification number	Date (month, day, year)
Printed name of Supervisor		Title	
Name of organization			
Address (number and street)			
Address (city, state, ZIP code)		Telephone number (include area code)	

IV. SIGNATURE OF APPLICANT

I, the undersigned, certify that I am the above applicant; that all statements made and information contained in the above application are true and correct to the best of my knowledge and belief; that I understand that any omissions or misrepresentations may result in ineligibility for the examination applied for, or revocation of any certificate granted. I also consent to verification of my qualifications for the certificate for which I have applied.

Signature of applicant	Date (month, day, year)
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The completed application, along with all required fees and attachments should be mailed to:

Cashier
Drinking Water Branch
Indiana Department of Environmental Management
100 North Senate
P.O. Box 7060
Indianapolis, Indiana 46207-7060

Please make all checks payable to the Indiana Department of Environmental Management.
(3240-4114-00-140000) **DO NOT SEND CASH.**